

CLEARWATER WELLNESS CENTER

115 E. ROSS
CLEARWATER, KS 67026
WELLNESS@SKTC.NET
1.620.584.9355
TEXT – 316.519.2599

Open 24 hours for members
Available for appointments

Membership Rates

\$25 Joiner Fee
\$10.00 one-time fee for pin access
\$5.00 Day Rate

	Monthly
Individual	\$38.50
Family	\$49.50
Senior	\$27.50
Senior Couple	\$38.50
Youth (16-19)	\$27.50

	6 Months	12 Months
Individual	\$231.00	\$416.00
Family	\$297.00	\$535.00
Senior	\$165.00	\$297.00
Senior Couple	\$231.00	\$416.00
Youth (16-19)	\$165.00	\$297.00

Payment Options:

Cash or Check Only – No debit or credit cards accepted

We offer a monthly bank draft with valid routing and account number information. We bill all members on the 3rd of every month

Facility:

Cardio equipment, fitness studio, fitness classes, indoor track, weighted machines, rowing machine, smith machine, free weights, weight room, cable machine, beachbody on demand, etc.

CLEARWATER WELLNESS CENTER

MEMBER INFORMATION

Date: _____

Name: _____

Mailing Address: _____

Date of Birth: _____

Telephone Number: _____

Emergency Contact: _____

Emergency Contact Telephone Number: _____

Full Time Student: _____

Email Address: _____

Employer: _____

Employer Telephone Number: _____

INFORMED CONSENT

You should be aware of the possible risks you might encounter by participation in fitness and recreation activities. The most acute risk would be death caused from cardiac failure during exercise; even though this is unlikely to occur, the possibility does exist. Other medical problems that could result from your participation are, but are not limited to, sore muscles, cramping, torn or pulled muscles, ankle sprain, stress fracture of the foot, cartilage or ligament damage of major joints, nausea during and after exercise, loss of weight and possible loss of appetite. If you are participating in water exercise, death from drowning may also be a risk.

Your participation is voluntary and you may withdraw at any time. You are working out at your own risk. Please give your consent with full knowledge, understanding, and appreciation of the nature and types of exercise you will be doing and the discomforts and/or risks which may be encountered. Thank you for helping us be medically prudent.

I HAVE READ THE PRECEDING WARNINGS AND RISKS AND I HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS AND HAVE THEM ANSWERED. I ACKNOWLEDGE THAT ALL INFORMATION GIVEN ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE AND I WILL INFORM THE CLEARWATER WELLNESS CENTER STAFF OF ANY FUTURE CHANGE IN MY HEALTH STATUS. I HOLD HARMLESS CLEARWATER WELLNESS CENTER FROM ALL CLAIMS ON ACCOUNT OF INJURY OR DEATH WHICH MAY BE SUSTAINED WHEN PARTICIPATING IN FITNESS AND RECREATION ACTIVITIES.

SIGNATURE

DATE

CLEARWATER WELLNESS CENTER

AGREEMENT BETWEEN MEMBERS AND THE CLEARWATER WELLNESS CENTER FOR USAGE OF THE CENTER DURING STAFFED AND UNSTAFFED HOURS

Security System

Cameras are installed throughout the Clearwater Wellness Center. These are motion activated and can be viewed both on-site and off-site by management. Access to the facility will be controlled by a magnetic lock installed in the front entrance door. The security system records access to the center. Management has the right to revoke access at any time. If a member should have any problems with entrance to the Clearwater Wellness Center they will need to see staff during regular business hours for resolution.

Rules and Regulations

1. The Clearwater Wellness Center staff has the authority to enforce and or change Rules and Regulations and deny access to any member or guest who does not abide by them at anytime. Noncompliance with the Rules and Regulations may result in the revocation of Clearwater Wellness Center memberships or guest privileges with or without notice.
2. Membership at Clearwater Wellness Center is open to the community without regard to race, color, sex, age*, religion, national origin, status as a veteran, or the presence of a disability. All members must be 16 years or older to enter the facility.
3. Guests will not be allowed during hours staff is not available without prior authorization from CWC staff. Guests may use the facility with a member after filling out a member participation form and signing the Informed Consent, paying applicable fees and abiding by the Rules and Regulations.
4. Members may continue to use locker facilities while at the Center during hours that staff is not available.
5. Members are not allowed access to the following areas during un-attended hours: storage areas behind front desk.
6. Clearwater Wellness Center members and guests assume responsibility for any damage or vandalism to fitness property (this would be witnessed by the cameras) and would be responsible for all repairs, replacement, cleaning, and/or labor costs.
7. Individuals or groups using CWC facility agree to relieve CWC and its staff from all responsibility for any damage to or loss of, personal property.
8. Approved groups using CWC (such as a meeting in the education room) shall name one person as group Co-ordinator. The coordinator will be responsible for informing the group of the Fitness Center Rules and Regulations, allowing group members access in to the building, and supervising the group for compliance with those regulations.
9. Intoxicating beverages or illegal drugs will not be permitted at any time in the CWC.
10. All areas of the CWC are designated 'NO SMOKING' and there is to be no use of chewing tobacco.
11. A buddy system is highly recommended for all participants utilizing the CWC during un-staffed hours
12. No pets allowed in CWC, except those required for disabilities.
13. The Clearwater Wellness Center staff will not tolerate uncivil, insulting, vile or obscene language or conduct; intimidation, harassment, or coercion of fellow members or guests; fighting or horseplay on premises; abuse of the equipment or facility; or violation of the establishment Rules and Regulations. Noncompliance with the foregoing may result in revocation of membership privileges.
14. The Clearwater Wellness Center reserves the right to change the Rules & Regulations at any time.

Release of Liability and Informed Consent

I understand and agree to the following:

- I am using the facility at my own risk.
- I am aware that I may be participating in activities that could result in injuries or death.

- I am aware that the most serious risk is death during exercise. Even though this is unlikely to occur, the possibility does exist.
- Other medical problems that could result from my participation are, but are not limited to: sore muscles, cramping, torn or pulled muscles, ankle sprain, stress fracture of the foot, broken bones, cartilage or ligament damage of major joints, nausea during and after exercise, loss of weight and possible loss of appetite.
- I understand that I am using the equipment/entering this building entirely at my own risk.

I have read the preceding Rules and Regulations along with the risks and I have had the opportunity to ask questions and have had them answered. I acknowledge that all information given on this form is true to the best of my knowledge and I will inform the Clearwater Wellness Center's staff of any future change in my health status. I hold harmless Clearwater Wellness Center from all claims on account of any injury which may be sustained when participating in fitness and recreation and/or a fitness evaluation.

SIGNATURE

DATE



CLEARWATER WELLNESS CENTER

PARENT/LEGAL GUARDIAN PERMISSION AGREEMENT

The following 16 or 17 year old should be allowed use of the Wellness Center facility during hours there is no staff member present. I am aware of the possible risks that could be encountered and have reviewed the rules and expectations with the youth identified as follows. These rules and expectations include use only of allowed equipment and access only in approved areas. The youth understands he or she is not to bring any non-approved person/s into the facility. I have stressed what is appropriate and inappropriate behavior to ensure no smoking, intoxicating beverages, illegal substances, horseplay, or any other inappropriate behavior.

I take responsibility for any damage done to the Wellness Center property caused by this youth. I will pay for any repair, replacement, cleaning and/or labor costs should damage occur. I further understand that inappropriate behavior or misuse of the facility may result in the loss of membership privileges and denial of future access to the facility.

I understand Clearwater Wellness Center cannot be held responsible for any claim of injury to the identified youth during the time he or she uses the facility.

Signature Parent or Legal Guardian

Date

My parent or legal guardian has discussed appropriate use of the Clearwater Wellness Center which I will adhere to whenever I come to the facility.

Youth Signature

Date

CLEARWATER WELLNESS CENTER

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I hereby authorize _____
(Financial Institution)

to transfer \$ _____ from my account on the third (3rd) of each month to pay Clearwater Wellness Center for my membership fee in accordance with the terms and conditions set fourth below:

1. Authorization to charge my account is the same as if I had personally signed a check to Clearwater Wellness Center. This agreement will remain in effect until I notify Clearwater Wellness Center or my financial institution by the **20th of the month** for cancellation effective the following month.
2. A \$30.00 fee will be charged on all returned electronic funds transfers.
3. Either Clearwater Wellness Center or my financial institution will give me 10 working days written notice in the event of any change regarding this agreement.
4. I understand and agree that my financial institution is not responsible for any error in the amount of any transfer. Clearwater Wellness Center has the right to initiate correcting entries in the event of such error. I will handle this problem directly with Clearwater Wellness Center.
5. I understand that the \$25.00 joining fee will not be added to the amount of my electronic funds transfer and will need to be paid upon activation of the membership, by check or cash.
6. These pre-arranged transfers are governed in all respects by the rules of the Mid-America Payment Exchange.

Effective date _____

Name _____

Address _____

City / State / Zip _____

Routing Number: _____ Account Number _____

Checking Savings A voided check/deposit slip has been attached for acct. verification

SIGNATURE

DATE

CLASS SCHEDULE

MONDAY

8:30AM - 9:15AM – Zumba

9:30AM- 10:30AM – Senior Variety Class

5:30PM – 6:30PM – Weight Training

TUESDAY

8:30AM – 9:15AM – Strong

5:30PM – 6:15PM - Strong

WEDNESDAY

8:30 AM – 9:00 AM – Yoga

4:00PM – 5:30PM – Karate

THURSDAY

8:30AM – 9:15AM – Low Impact Cardio

9:30AM – 10:30AM – Senior Variety Class

5:30 PM- 6:15PM – Low Impact Cardio

FRIDAY

8:30AM – 9:15AM – Zumba

4:00PM – 5:30PM – Karate

SATURDAY

7:30AM - 8:15AM – Strong

8:30AM - 9:15AM – Zumba

4:00PM – 5:30PM – Advanced Karate

Please note that classes and times may change.

Classes are included with your membership unless otherwise noted.